

UNITED STATES BANKRUPTCY COURT
DISTRICT OF New Jersey

In re Lara Nicoleau-Berman

Case No. 18-17673-SLM
Reporting Period: March 2019

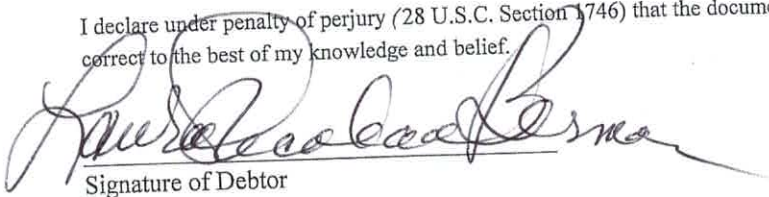
**MONTHLY OPERATING REPORT
(INDIVIDUAL WAGE EARNERS)**

File with the Court and submit a copy to the United States Trustee within 20 days after the end of month

Include FORM MOR-1 (INDIV) if debtor is a wage earner.
Substitute FORM MOR-2 (RE) for MOR-1 if case is a Single Asset Real Estate case.
Submit a copy of the report to any official committee appointed in the case.

REQUIRED DOCUMENTS	Form No.	Document Attached	Explanation Attached
Schedule of Cash Receipts and Disbursements	MOR-1 (INDV)	✓	
Bank Reconciliation (or copies of debtor's bank reconciliations)	MOR-1 (CONT)	✓	
Copies of bank statements		✓	
Cash Disbursement journals			
Statement of Operations			
Balance Sheet			
Status of Postpetition Taxes			
Copies of IRA Form 6123 or payment receipt			
Copies of tax returns filed during reporting period		✓	
Summary of Unpaid Postpetition Debts			
Listing of aged accounts payable			
Accounts Receivable Reconciliation and Aging		✓	
Debtor Questionnaire			

I declare under penalty of perjury (28 U.S.C. Section 1746) that the documents attached to this report are true and correct to the best of my knowledge and belief.


Signature of Debtor

Date 4/20/19

Signature of Joint Debtor

Date

Signature of Authorized Individual*

Date

Print Name of Authorized Individual

Title of Authorized Individual

*Authorized individual must be an officer, director or shareholder if debtor is a corporation, a partner if debtor is a partnership; a manager or member if debtor is a limited liability company.

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In re Laura Nicoleau-Berman
Debtor

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INDIVIDUAL DEBTOR CASH RECEIPTS AND CASH DISBURSEMENTS

(This Form must be submitted for each bank account maintained by the Debtor)

Amounts reported should be per the debtor's books, not the bank statement. The beginning cash should be the ending cash from the prior month or, if this is the first report, the amount should be the balance on the date the petition was filed. Attach the bank statements and a detailed list of all disbursements made during the report period that includes the date, the check number, the payee, the transaction description, and the amount. A bank reconciliation must be attached for each account. [See MOR-1 (CONT)]

	Current Month Actual	Cumulative Filing to Date Actual
Cash - Beginning of Month	12,910.79	
RECEIPTS		
Wages (Net)		
Interest and Dividend Income		
Alimony and Child Support	2500	
Social Security and Pension Income		
Sale of Assets		
Other Income <i>(attach schedule)</i>	12839.61	
Total Receipts	15339.61	
DISBURSEMENTS		
ORDINARY ITEMS:		
Mortgage Payment(s)	3100	
Rental Payment(s)	2700	
Other Secured Note Payments		
Utilities	763	
Insurance	988.42	
Auto Expense	200	
Lease Payments		
IRA Contributions		
Repairs and Maintenance	740	
Medical Expenses		
Food, Clothing, Hygiene	2300	
Charitable Contributions		
Alimony and Child Support Payments		
Taxes - Real Estate		
Taxes - Personal Property		
Taxes - Other <i>(attach schedule)</i>		
Travel and Entertainment		
Gifts		
Other	1750	
Total Ordinary Disbursements	12541.42	
REORGANIZATION ITEMS:		
Professional Fees	3800	
U. S. Trustee Fees		
Other Reorganization Expenses <i>(attach schedule)</i>		
Total Reorganization Items	3800	
Total Disbursements (Ordinary + Reorganization)	16341.42	
Net Cash Flow (Total Receipts - Total Disbursements)	-1001.81	
Cash - End of Month (Must equal reconciled bank statement)	11908.98	

In re Laura Nicoleau-Berman
Debtor

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INDIVIDUAL DEBTOR CASH RECEIPTS AND CASH DISBURSEMENTS
(continuation sheet)

BREAKDOWN OF "OTHER" CATEGORY	Current Month Actual	Cumulative Filing to Date Actual
Other Income		
Boarder Income (7 Warner Road)	1000	
Rental Income (279 Dune Road)	3239.61	
Rental Income (735 Manor Lane)	3200	
Rental Income (7 Warner Road)	2900	
Other Taxes		
Other Ordinary Disbursements		
Returned Rent Payment (279 Dune Road)	1750	
Other Reorganization Expenses		

THE FOLLOWING SECTION MUST BE COMPLETED

DISBURSEMENTS FOR CALCULATING U.S. TRUSTEE QUARTERLY FEES: (FROM CURRENT MONTH ACTUAL COLUMN)

TOTAL DISBURSEMENTS	16341.42
LESS: TRANSFERS TO OTHER DEBTOR IN POSSESSION ACCOUNTS	
PLUS: ESTATE DISBURSEMENTS MADE BY OUTSIDE SOURCES (i.e. from escrow accounts)	
TOTAL DISBURSEMENTS FOR CALCULATING U.S. TRUSTEE QUARTERLY FEES	16341.42

Wells Fargo Everyday CheckingAccount number: **7410904549** ■ March 1, 2019 - March 31, 2019 ■ Page 1 of 3**WELLS
FARGO**

DCDP31DTLT 008547



LAURA NICOLEAU-BERMAN
DEBTOR IN POSSESSION
CH 11 CASE #18-17673(NJ)
703 DOCTORS PATH
RIVERHEAD NY 11901-1507

Questions?

Available by phone 24 hours a day, 7 days a week:
Telecommunications Relay Services calls accepted

1-800-TO-WELLS (1-800-869-3557)

TTY: 1-800-877-4833

En español: 1-877-727-2932

華語 1-800-288-2288 (6 am to 7 pm PT, M-F)

Online: wells Fargo.com

Write: Wells Fargo Bank, N.A. (34R)
P.O. Box 6995
Portland, OR 97228-6995

You and Wells Fargo

Thank you for being a loyal Wells Fargo customer. We value your trust in our company and look forward to continuing to serve you with your financial needs.

Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to wells Fargo.com or call the number above if you have questions or if you would like to add new services.

Online Banking	<input type="checkbox"/>	Direct Deposit	<input type="checkbox"/>
Online Bill Pay	<input type="checkbox"/>	Auto Transfer/Payment	<input type="checkbox"/>
Online Statements	<input type="checkbox"/>	Overdraft Protection	<input type="checkbox"/>
Mobile Banking	<input type="checkbox"/>	Debit Card	<input type="checkbox"/>
My Spending Report	<input type="checkbox"/>	Overdraft Service	<input type="checkbox"/>

Activity summary

Beginning balance on 3/1	\$7,727.93
Deposits/Additions	10,589.61
Withdrawals/Subtractions	- 11,163.42
Ending Balance on 3/31	\$7,154.12

Account number: **7410904549**

LAURA NICOLEAU-BERMAN
DEBTOR IN POSSESSION
CH 11 CASE #18-17673(NJ)

New York account terms and conditions apply

For Direct Deposit use
Routing Number (RTN): 026012881

Overdraft Protection

This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo store.

DCDP31DTLT 008547 NNNNNNNNNN NNN 001 002 348 038583 21124329.1

WELLS
FARGO

Transaction history

Date	Check Number	Description	Deposits/ Additions	Withdrawals/ Subtractions	Ending daily balance
3/4		Deposit	4,239.61		11,967.54
3/5		Deposit	3,200.00		15,167.54
3/6		Cashed/Deposited Item Retn Unpaid Fee		12.00	
3/6		Deposited Item Retn Unpaid - Paper 190306		1,750.00	13,405.54
3/11		Deposit	2,900.00		16,305.54
3/14		Suburban Propane Payment 190313 Spppay004575923		73.00	
3/14		Braunsteinlaurence		600.00	15,632.54
3/14		Suburban Propane Payment 190313 Spppay004574300			
3/14		Braunsteinlaurence		3,800.00	11,832.54
3/15	107	Check		3,100.00	
3/18	105	Check		90.00	8,642.54
3/18		Optimum 7839 Cable Pmnt 031519 38951604 L Berman	250.00		
3/20		Deposit Made In A Branch/Store		740.00	8,152.54
3/20	111	Check		145.62	8,006.92
3/27		Geico Geico Pymt 190328 Uapb53W605Rodge Laura Y Nicoleau		852.80	7,154.12
3/28		Arrowhead Aglapay Hnj3006130 Laura Nicoleau			7,154.12
Ending balance on 3/31			\$10,589.61	\$11,163.42	

Totals
 The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

Summary of checks written (checks listed are also displayed in the preceding Transaction history)

Number	Date	Amount	Number	Date	Amount	Number	Date	Amount
105	3/18	3,100.00	107 *	3/15	3,800.00	111 *	3/20	740.00

* Gap in check sequence.

Monthly service fee summary

For a complete list of fees and detailed account information, see the Wells Fargo Account Fee and Information Schedule and Account Agreement applicable to your account (EasyPay Card Terms and Conditions for prepaid cards) or talk to a banker. Go to wellsfargo.com/feefaq for a link to these documents, and answers to common monthly service fee questions.

Fee period 03/01/2019 - 03/31/2019	Standard monthly service fee \$10.00	You paid \$0.00
We waived the fee this fee period to allow you to meet the requirements to avoid the monthly service fee. This is the final period with the fee waived. For the next fee period, you need to meet the requirement(s) to avoid the monthly service fee.		
How to avoid the monthly service fee	Minimum required	This fee period
Have any ONE of the following account requirements	\$1,500.00	\$7,154.12 <input checked="" type="checkbox"/>
• Minimum daily balance	\$500.00	\$0.00 <input type="checkbox"/>
• Total amount of qualifying direct deposits	10	0 <input type="checkbox"/>
• Total number of posted Wells Fargo Debit Card purchases and/or payments		
• The fee is waived when the account is linked to a Wells Fargo Campus ATM or Campus Debit Card		

Monthly service fee discount(s) (applied when box is checked)

Age of primary account owner is 17 - 24 (\$10.00 discount) ☐

The Monthly service fee summary fee period ending date shown above includes a Saturday, Sunday, or holiday which are non-business days. Transactions occurring after the last business day of the month will be included in your next fee period.

WFC

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Worksheet to balance your account

Follow the steps below to reconcile your statement balance with your account register balance. Be sure that your register shows any interest paid into your account and any service charges, automatic payments or ATM transactions withdrawn from your account during this statement period.

A Enter the ending balance on this statement.

§ 1

B List outstanding deposits and other credits to your account that do not appear on this statement. Enter the total in the column to the right.

Description	Amount
Total	\$

+ \$

C Add **A** and **B** to calculate the subtotal.

= \$ 1

D List outstanding checks, withdrawals, and other debits to your account that do not appear on this statement. Enter the total in the column to the right.

[illegible]

- \$ 1

E Subtract **D** from **C** to calculate the adjusted ending balance. This amount should be the same as the current balance shown in your register.

= \$ 1

General statement policies for Wells Fargo Bank

■ **To dispute or report inaccuracies in information we have furnished to a Consumer Reporting Agency about your accounts.** You have the right to dispute the accuracy of information that Wells Fargo Bank, N.A. has furnished to a consumer reporting agency by writing to us at Overdraft Collection and Recovery, P.O. Box 5058, Portland, OR 97208-5058. Please describe the specific information that is inaccurate or in dispute and the basis for the dispute along with supporting documentation. If you believe the information furnished is the result of identity theft, please provide us with an identity theft report.

■ **In case of errors or questions about your electronic transfers,** telephone us at the number printed on the front of this statement or write us at Wells Fargo Bank, P.O. Box 6995, Portland, OR 97228-6995 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

1. Tell us your name and account number (if any).
2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

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Debtor

SUMMARY OF UNPAID POST-PETITION DEBTS

	Number of Days Past Due					Total
	Current	0-30	31-60	61-90	Over 91	
Mortgage	3100					3100
Rent						
Secured Debt/Adequate Protection Payments						
Professional Fees						
Other Post-Petition debt (list creditor)						
M & T Bank (7 Warner Rd. Mortgage)	3400	3400	3400	3400	10200	23800
Kondaur Capital (279 Dune Rd. Mtge)	2700	2700	2700	2700	8100	18900
Total Post-petition Debts						

Explain how and when the Debtor intends to pay any past due post-petition debts.

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DEBTOR QUESTIONNAIRE

Must be completed each month. If the answer to any of the questions is "Yes", provide a detailed explanation of each item. Attach additional sheets if necessary.		Yes	No
1	Have any funds been disbursed from any account other than a debtor in possession account this reporting period?		x
2	Is the Debtor delinquent in the timely filing of any post-petition tax returns?		x
3	Are property insurance, automobile insurance, or other necessary insurance coverages expired or cancelled, or has the debtor received notice of expiration or cancellation of such policies?		x
4	Is the Debtor delinquent in paying any insurance premium payment?		x
5	Have any payments been made on pre-petition liabilities this reporting period?		x
6	Are any post petition State or Federal income taxes past due?		x
7	Are any post petition real estate taxes past due?		x
8	Are any other post petition taxes past due?		x
9	Have any pre-petition taxes been paid during this reporting period?		x
10	Are any amounts owed to post petition creditors delinquent?		x
11	Have any post petition loans been received by the Debtor from any party?		x
12	Is the Debtor delinquent in paying any U.S. Trustee fees?		x
13	Is the Debtor delinquent with any court ordered payments to attorneys or other professionals?		x